

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/15/03/155

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	5		1			
3	5		1			
4	5		1			
5	5		1			
6	5		1			
7	5		1			
8	5		1			
9	5		1			
10	5		1			
11	8		1			
12	1		1			
13	1		1			
14	1		1			
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49						
50						
TOTAL IND.	1		2			
TOTAL DEP.	13	←	12	←		←
TOTAL CLAIMS	15		14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						